State Medicaid Directors' Mid-Year Conference

State Practices in Title XIX Program Management

December 2-3, 1980

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MID-YEAR CONFERENCE OF STATE MEDICAID DIRECTORS

"STATE PRACTICES IN TITLE XIX PROGRAM MANAGEMENT"

HEALTH CARE FINANCING ADMINISTRATION
BUREAU OF PROGRAM OPERATIONS
MEDICAID/MEDICARE MANAGEMENT INSTITUTE

SAN ANTONIO, TEXAS
DECEMBER 2-3, 1980

PROGRAM MATRIX: THIRD MID-YEAR CONFERENCE OF STATE MEDICAID DIRECTORS

	TUESDAY, DECEMBER 2	WEDNESDAY, DECEMBER 3
8:30	PLENARY SESSION Welcome Conference Objectives	CONCURRENT WORKGROUPS - Alternatives to Long Term Care*
9:00	PLENARY SESSION Keynote Address	- Claims Processing* - Data Information Systems - EPSDT
10:00	Break	Break
10:30	PLENARY SESSION Reimbursement	PLENARY SESSION Eligibility
12:00	Lunch	Lunch
1:30	CONCURRENT WORKGROUPS - Alternatives to Long Term Care - Claims Processing - HMOs - Contract Management	PLENARY SESSION Cost Containment
3:00	Break	Break
3:30	PLENARY SESSION Program Validation	PLENARY SESSION Conference Highlights
4:30		Closing Remarks
4:45		
5:00		
6:00	Reception	
8:00		

*Repeat of previous session, Tuesday, December 2

TUESDAY, DECEMBER 2 (MORNING)

Plenary Session

8:30 a.m. ..... Anacacho Room

WELCOME

Doris Soderberg, Director, Medicaid/Medicare Management Institute, Bureau of Program Operations

Paul R. Willging, Ph.D., Acting Director, Bureau of Program Operations

CONFERENCE OBJECTIVES

Paul M. Allen, Director, Medical Services Administration, Michigan

9:00 a.m.

KEYNOTE ADDRESS

Paul R. Willging - Moderator

Howard N. Newman, Administrator, HCFA

10:00 a.m.

BREAK ..... Anacacho Room

Plenary Session

10:30 a.m. ..... Anacacho Room

REIMBURSEMENT (Sharon Marcum, Director, Office Medical Services, Arkansas - Moderator)

IDAHO	ALTERNATIVE HOSPITAL REIMBURSEMENT
Pennie Bjornstad, Chief, Bureau Benefits Payments	Use of a hospital cost index for each hospital derived through application of an appropriate economic index in four non-fixed cost areas: 1) wages and salaries; 2) dietary costs; 3) malpractice insurance; and 4) other variable costs.
NEW JERSEY	PHARMACY REIMBURSEMENT
Thomas Russo, Director, Division of Medical Assistance and Health Services	Concepts and practice in reimbursing for drugs under Title XIX. Includes determining the dispensing fee, reimbursement levels, payment for "special" services, claims processing, determining capitation level for use in LTC facilities, patient profiles, and tracking system used by the State agency to monitor providers' activities.
DELAWARE	A MODEL FOR CONTROLLING PHARMACY COSTS
Thomas Beach, Supervisor, Audit Unit, Medical Assistance Services	Pharmacy reimbursement at the actual acquisition cost (AAC). Will also include a description of the State's methodology for updating the dispensing fee and perform audits.

12:00 noon

12:00 noon - 1:30 p.m. LUNCH

Concurrent Workgroups

1:30 p.m.

ALTERNATIVES TO LONG TERM CARE ..... Anacacho Room

(Charles K. Pierce, Commissioner, Dept. Medical Assistance, Georgia - Moderator)

OKLAHOMA	NON-TECHNICAL MEDICAL CARE
Wilma Ray, Acting State Nurse Supervisor, Medical Services Division, Dept. Human Services	Utilization of physician certified persons to provide in-home care to recipients, or in other residential settings. Describes supervisory and review methodologies, as well as potential and actual program savings.
MASSACHUSETTS	ADULT DAY HEALTH CARE
Dennis Beatrice, Director, Long Term Care, Dept. of Public Welfare	Discussion of an approach to developing cost-effective alternatives to LTC institutionalization. Through expansion of its adult day health care program, the State agency offers a wide variety of services designed to maintain patients' highest level of function to delay or prevent institutionalization.
GEORGIA	ALTERNATIVE HEALTH SERVICES PROJECT
Ruth Coan, Project Director, Alternative Health Services Project, Dept. of Medical Assistance	Provision of community based long term care services. Includes a description of data and analyses collected during the alternative research phase, and a discussion of plans to provide similar services on a State-wide basis.
WASHINGTON	ADULT COMMUNITY AND RESIDENTIAL CARE
John Zinnikas, Director, Bureau of Community and Residential Care	Options to prevent unnecessary institutionalization. Will include a discussion of nursing home discharge allowances, nursing home exception for housing maintenance, pre-screening and assessment for least restrictive care, role of community nurses in hospitals, coordination at local level of social services agencies, etc.

CLAIMS PROCESSING ..... Peraux Room

(Sharon Marcum, Director, Office Medical Services, Arkansas - Moderator)

INDIANA	BILL AND CLAIMS PROCESSING THRUPUT ANALYSIS
Jon Herbold, Welfare Consultant III, Dept. of Public Welfare	Use of MARS to generate reports that track claims from service date to: billing date, date of receipt, adjudication date, and check issuance date. Will include an explanation of how the claims processing system can be monitored.
OKLAHOMA	MEDICAID/MEDICARE CARRIER CLAIMS PROCESSING
Joe Nicholson, Medicare Coordinator, Dept. of Human Services	An approach for a State to act as its own carrier for Title XVIII with inter-action with Title XIX. Will explain dollar savings to programs, and advantage of having closer program control.
PENNSYLVANIA	EDIT RESOLUTION
Izanne Leonard-Haak, Director, Bureau of Medical Assistance Operations, Dept. of Public Welfare	Description of a relatively error-free approach to claims processing.

Workgroups continued next page.

Concurrent Workgroups (continued)

1:30 p.m.

HMOs ..... Cavalier Room

(Peter Bloomsburgh, Administrator, Medical Assistance Program, Illinois - Moderator)

CALIFORNIA	PREPAID HEALTH RESEARCH, EVALUATION AND DEMONSTRATION PROJECT
Elizabeth Owen, Research Manager III, PHRED Project, Division of Organized Health Systems, Dept. of Health Services	Discussion of a model system for Medicaid single State agencies to use to manage contracts with prepaid health organizations.

CONTRACT MANAGEMENT ..... Room 357 (Third Floor)

(Howard Stansberry, Medicaid Coordinator Dept. of Human Services, Oklahoma - Moderator)

MISSOURI	CENTRALIZED CONTRACTING AND PROCUREMENT SYSTEM
Bobby Taylor, Contract Administrator, Division of Purchasing	Description of a centralized approach to preparing, monitoring, and evaluating contracts. Includes an explanation of State statutes and savings impact on program management.
TEXAS	CONTRACT MANAGEMENT AND MONITORING
Arnold Ashburn, Ph.D., Assistant Commissioner for Purchased Services, Dept. of Human Resources	Managing the contract process and monitoring contract implementation to assure compliance with "agreed upon arrangements" and State statutes

3:00 p.m.

BREAK ..... Anacacho Room

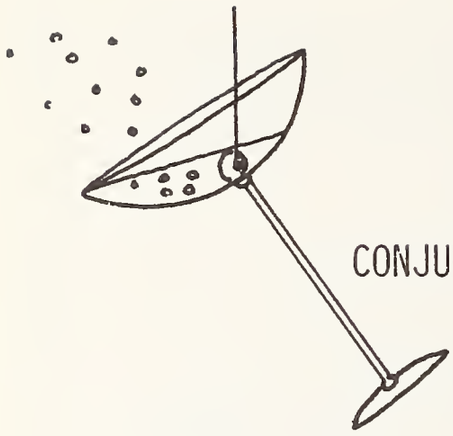
Plenary Session

3:30 p.m. ..... Anacacho Room

PROGRAM VALIDATION (Stephen Press, Director, Medical Care Administration, Connecticut - Moderator)

MASSACHUSETTS	PROVIDER REVIEW SANCTIONS UNIT
Mary McTernan, Director, Provider Review and Sanctions, Dept. of Public Welfare	Description of a State unit that reviews the provider population for pre- and post-payment irregularities, and imposes sanctions when warranted.
NEW YORK	STATE TITLE XIX AGENCY AND FRAUD UNIT COORDINATION
Phil Natcharian, Director, Bureau of Fraud and Abuse, Dept. of Public Welfare	Inter-agency coordination of investigation of questionable provider/recipient program practices with appropriate followup and adjudication.
GEORGIA	STATE AGENCY FRAUD UNIT PROCEDURES
Emmett Johnson, Chief Investigative Officer, State Agency Fraud Unit	State procedures regarding investigative techniques, presentation of the case to the State attorney, and carrying a fraud case through to prosecution.
MINNESOTA	"LOCK-IN" OF PHYSICIAN AND/OR PHARMACY SERVICES
Tom Gaylord, Director, Medical Assistance Program	Description of a pilot project restricting recipients' use of physician and pharmacy services in cases where there is documented evidence of abuse or misutilization of these services.

5:00 p.m.



THE MEDICAID/MEDICARE MANAGEMENT INSTITUTE IN
CONJUNCTION WITH THE STATE MEDICAID DIRECTORS' ASSOCIATION
INVITES YOU AND YOUR GUESTS TO A
RECEPTION

TUESDAY, DECEMBER 2, 1980
FROM 6 P.M. TO 8 P.M.
CAVALIER ROOM, ST. ANTHONY HOTEL

Concurrent Workgroups

8:30 a.m.

ALTERNATIVES TO LONG TERM CARE ..... Anacacho Room (Repeat of Previous Session)

CLAIMS PROCESSING .....Peraux Room (Repeat of Previous Session)

DATA INFORMATION SYSTEMS ..... Cavalier Room

(Howard Stansberry, Medicaid Coordinator, Dept. Human Services, Oklahoma - Moderator)

MICHIGAN	SELECTIVE EDITING
Paul Allen, Director, Medical Services Administration	Description of a new MMIS edit capability that enables the use of specific edits without changing any of the existing programming.
INDIANA	CATEGORY OF SERVICE AND LOCATION TRACKING SYSTEM
Jon Herbold, Welfare Consultant III, Dept. of Public Welfare	Management method for identifying type(s) and number of Medicaid services provided, and location of bill in claims payment processing system.

EPSDT ..... Room 357 (Third Floor)

Penny Bjornstad, Chief, Bureau of Benefits Payments, Idaho - Moderator)

HAWAII	EPSDT MOBILE CLINICS
Paul Gordon, Ph.D., Research and Statistics Officer, Medical Care Administration	Description of a flexible, mobile system used for providing EPSDT screening in isolated areas.
NEW JERSEY	ALTERNATIVE METHODS FOR PROVIDING EPSDT SERVICES
Thomas Russo, Director, Division of Medical Assistance and Health Services	The use of school health projects to test alternative methods of providing EPSDT services. Projects are performed through, or in conjunction with, the State's school system.

10:00 a.m.

BREAK .....Anacacho Room

Plenary Session

10:30 a.m. ..... Anacacho Room

ELIGIBILITY (Penny Bjornstad, Chief, Bureau of Benefits Payments, Idaho - Moderator)

NEW YORK	WAGE REPORTING SYSTEM
Joseph Kinney, Assistant Director, Bureau of Medicaid Fraud and Abuse	Use of State's wage data to uncover unreported or incorrectly reported earnings.
MINNESOTA	COMPUTERIZED CONTROL OF ELIGIBILITY REDETERMINATIONS
G. Warren Peterson, Director, Systems Division, Bureau of Income Maintenance	State procedures that generate a computerized file to identify monthly listings of cases to be redetermined, with "due dates."
CALIFORNIA	EXCESS RESOURCES IMPACTING NURSING HOME PATIENTS
A. J. Watson, Chief, Eligibility Policy Information Branch, Medi-Cal Program	An approach for determining recipients' resources impacting their eligibility for nursing home care.

12:00 noon

12:00 noon - 1:30 p.m. LUNCH

Plenary Session

1:30 p.m. ..... Anacacho Room

COST CONTAINMENT (Stephen H. Press, Director, Medical Care Administration, Connecticut - Moderator)

CALIFORNIA	A MODEL FOR COST CONTAINMENT
Clifton Cole, Chief Deputy Director, Medi-Cal Program	Alternatives for the delivery of health care services with a view toward realizing cost savings. Includes, for example: contracts, hospital reimbursement, prior authorization, arrangements with individual providers and county hospitals, volume purchasing, etc.
INDIANA	IMPLEMENTING COST CONTAINMENT MEASURES
Robert Smith, Assistant Administrator - Medicaid	Description of an approach toward implementing cost containment measures. Includes a discussion of State statutory constraints and their impact on Title XIX. Will also cover how better use is being made of the fiscal agent.
MICHIGAN	TITLE XIX COST CONTAINMENT
Paul M. Allen, Director, Medical Services Administration	An overview of a significant cost containment effort. As a multi-faceted approach, will include a description of cost containment realization through implementation of change and/or control in many Title XIX areas.

3:00 p.m.

BREAK ..... Anacacho Room

Plenary Session

3:30 p.m. ..... Anacacho Room

CONFERENCE HIGHLIGHTS

Doris Soderberg - Moderator

Paul M. Allen

4:30 p.m.

Plenary Session

4:30 p.m. ..... Anacacho Room

CLOSING REMARKS

Doris Soderberg

4:45 p.m.

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